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farmer may interpret rest as simply a change of activities. Jaunting over the country in the new Ford, to him, may mean rest and fresh air; while the institutional nurse, given the same prescription, will perhaps go to her home on the farm where she will make flower gardens or take daily tramps into the woods.

The rest treatment of tuberculosis is quite different from the above conceptions, but to understand more fully its importance in the early stages of the disease, an understanding of the tissue changes that take place in the healing process is necessary. The body possesses the power to defend itself against its enemies; our tissues react to irritation forming a more or less complete resistance. The hard, horny hands of a farmer are a result of the body's effort to protect the hands from injury, as is also the increased leukocytosis in certain infections. The same protective effort takes place in the lungs in the presence of tubercle bacilli. Wherever the spot of infection occurs throughout the lung, the tissues begin to throw leukocytes around the bacilli to wall it off; the resulting change in the lung, this tiny protuberance, is called a tubercle. The germs that are being imprisoned are constantly attempting to escape by poisoning the wall or by embedding themselves in a cell and passing through the wall; this frequently happens but when "the body is gaining the ascendancy, lime salts (calcium) are deposited in the tubercle and form, so to speak, its gravestone." Brown.

(To be continued)

EXIT—ALCOHOLIC WARDS

BY ERNEST F. HOYER

*Graduate McLean Hospital; Postgraduate, Bellevue, N. Y.; Nurse,
American Red Cross*

Now that John Barleycorn is dying a lingering but sure death, we can bid good-bye, I hope forever, to the many alcoholic wards scattered all over the dear old U. S. A. One of the most famous, that has been used as background both in fiction as well as on the stage (I do not remember ever having seen it filmed) was Ward 30 in Bellevue Hospital, New York City, and we hear the gratifying news that gradually the floating population of Ward 30 is forcing itself towards the final climax, i. e., the turning over of the space to more congenial, less gruesome purposes.

I have called Bellevue Hospital, in an article written some time ago, "the house of a thousand sorrows," but I forgot the alcoholic ward. Surely Ward 30 should have been named as the French call their Salpetriere, *le rire du diable*, (the laughter of the devil).

If there is anything degrading and creative of misery, it is the curse of drink. Those poor unfortunates who lose entirely their self control and will power, pay the piper with their wretched assistance. Anybody who ever saw the Bowery mission, the bread line, and Ward 30, on a raw, rainy winter's night cannot deny that it is a side line to Dante's Inferno.

I well remember that, coming on duty in the alcoholic ward at Bellevue, the first sight to greet one was over a dozen delirium tremens cases, securely tied down with sheets, safe yet human. All stark, raving mad; singing, cursing, laughing, crying; deplored their fate or revelling in having, apparently, a good time. From that room we came to another ward-section, divided by the shower bath and surgery. Here the patients were bed-patients, either surgical or medical, mostly fractures and alcoholic pneumonia. The "up and about" patients had to stay in the first room with the noisy bed-patients.

I have seen more than seventy admitted in one day. Banner days, such as election, New Year's, and Fourth of July, brought even more, but there was seldom a day when there was not enough room to put all to bed. Thirty or more bed-springs were brought in at about six p. m., and after the roll-call the patients were designated their sleeping places—spring on spring, not always a pillow, but always two blankets. Imagine being weary, sore in soul and body and, of course, sick, then sleeping in an overcrowded room, bed on bed, with the raving of the D. T. cases ringing in the ears the greater part of the night. It must have been an awful awakening the next morning, when the fog of the mind gradually melted away, sobering up, the poor, misused body aching, and realizing where they were.

I have seen ex-judges, lawyers, doctors, university professors, and clergymen brought in. How they must have hated themselves! There was a member of the Supreme Court, who speaks twelve languages fluently, a Frenchman by birth, a man widely known all over the metropolis who, for two years during the war, drove an ambulance between Paris and the Front without receiving a scratch. On returning, his friends, many prominent members of the bar, and also some well known actors, gave him a dinner at Sherry's, and on returning home, it being the night of a blizzard, he fell, causing a compound fracture of the fibia. He fainted and was found by a policeman who called an ambulance. The interne, on arriving, noticed an alcoholic smell, the remnants of the dinner, of course, bundled him into

the ambulance, and our friend woke up in the alcoholic ward of the Bellevue. This was, I am sorry to say, a mistake of the young, inexperienced interne, and all the entreaties of the poor man to communicate with his friends were answered with, "Wait until to-morrow morning." It must have been embarrassing when the visiting physician made his rounds and found his friend, whom he had helped to honor with a dinner the night before, in Ward 30. Of course, an immediate transfer to a surgical ward was made, and the next day a suite in a private hospital was provided, with all the comforts of home. This man told me that he thought he was in hell when he woke up for the first time in that bedlam.

But this was an exception. The rank and file of an alcoholic ward is, in reality, the scum—the flotsam of the city. The "weary Willies," the shiftless and homeless, in constant fear of the police and work. I crossed Madison Square once, with my wife, where all the candidates for Ward 30 roost. They knew me well. "Hello, Doc," was the cheery greeting, and my wife refused after that to cross the park again. My acquaintances were certainly rather embarrassing.

Ward 6, for the convalescent alcoholic, was not so bad, and it was here that anybody with a charitable heart could revel in doing little bits of kindness which God never forgets. After a patient was well enough, or steady enough, and the doctors were sure that he was over the climax of his jag, he was transferred, if he was too weak and emaciated, to Ward 6. Here he was given a clean suit of pajamas, stockings, bathrobe and leather slippers, was assigned to a real bed and, if he behaved himself, he was allowed the freedom of the balcony (fire escape), and even of the yard, where he could hang around a sunny corner. The diet was much better than in Ward 30. There was plenty of milk, chicken broth, and even ice-cream and custard. All had to be in bed by eight o'clock, and lived, really, the life of Riley, until the sad, sad day arrived when the doctor O. K.'d the man, and he had to go out again into the cold world and begin the battle of life all over again.

It was here that we could ease the life of our friendless, derelict brother man. We had the right to go to the "dead man's clothes room," a rather spacious basement where the raiments of uncalled demised were kept. We could always get a fairly decent complete outfit, including collar and tie. We also furnished shoe-polish and last, but not least, a card of introduction to the Municipal Lodging House, that would hold good under circumstances for one week, meaning free room and breakfast, and perhaps supper. This was a way to give a deserving man a real lift, and I know that a number found their bearings, among whom is a now famous writer of fiction. It

seems strange, but I have noticed over and over again that a clean collar, a tie and polished shoes, will elevate and invigorate a down and outer.

This is all, let us hope, history of the past; no more alcoholic wards, but it would seem unfair to close these lines without mentioning a nurse, who, if I remember rightly, was for over twenty years in charge of the alcoholic ward in the Bellevue Hospital—Miss C. She was one of those sweet, motherly women whom God meant to be a nurse. Always in good spirits, patient, yet firm and full of authority; I dare say she fully deserved the name of glorious calling, "Mother," among the class of unfortunates she served. There was not a soul discharged from her ward who did not get a friendly warning. Many times she patched up broken family ties; and a number of prodigal sons, who came to the city to sow their wild oats, can trace their eventual home-coming to her kind smile and earnest heart-to-heart talk.

If anybody ever should attempt to write the history of the Bellevue, Ward 30 would fill a chapter by itself, and so would Ward 44, the Prison Ward, but that's another story.

THE VALUE OF FRUIT IN INVALID DIET

BY ALICE URQUHART FEWELL

Philadelphia, Pa.

Fresh fruits contain from 75 per cent. to 95 per cent. water, little or no fat or protein, and a large proportion of carbohydrate. The chief nourishment in fruit is derived from the carbohydrate. In ripe fruits this carbohydrate is in the form of various sugars and pectin, while in many fruits, in the unripe state, starch is found. Fruits contain various acids, and the flavor is partly due to oils and ethers present.

Fruits, when eaten fresh, are valuable for their acids and for the mineral matter which they contain. They also give bulk to the diet, which is an important factor. This is especially true of fruits which have been dried. Dried fruits also have a higher concentrated fuel value. The cooling, appetizing and refreshing qualities of fresh fruits give them an increased value in invalid diet.

Most fruits are at their best when served fresh and ripe in season. A few fruits cannot be eaten raw, and still others are more digestible when cooked. The digestibility of fruit is influenced by